



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services
255 Rockville Pike, Second Floor
Rockville, Maryland 20850-2368
240-777-3986 Fax 240-777-3088

SPECIAL FOOD SERVICE LICENSE APPLICATION

Application is hereby made for a Temporary Food Service License in Montgomery County, Maryland.

(Please Print)

Please Check Type: ☐ Event ☐ Event Series TODAY'S DATE _____

Name of Event: _____

Location of Event: _____

Address of Above Location: _____

Street Number and Street Name

City State Zip Code Telephone Number: _____

include area code

Date(s) of Event: _____ Hours of Operation: _____

Applicant's Organization Name or Trade Name: _____

Contact Person: _____ Daytime Telephone Number: _____

include area code

Contact Person's Address: _____

Street Number and Street Name

City State Zip Code

On-Site Preparation Location: ☐ Tent ☐ Booth ☐ Truck or Trailer M.V.A Tag #: _____

State Licensed: _____

Off-Site Preparation Location: _____

Water Source: _____ Waste Water Disposal: _____

(Note: If you are on a well, allow 30 days for testing – Contact the Well & Septic Office at 240-777-6300 to arrange for the test.)

Applicant's Signature: _____

Printed Name of Above Signature: _____ Title: _____

Fee Information: *Please refer to Temporary Food Fact Sheet*

Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2nd Floor, Rockville, Maryland 20850 - Payment must be made by check or money order payable to "Montgomery County, Maryland". We are unable to accept cash payments.

Two Page Application – Be Sure to complete both pages.

OFFICE USE ONLY

Receipt Number: _____

Amount Paid: _____

Check/Money Order Number: _____

Date Issued: _____

Date Valid: _____

License Number: _____

Clerk: _____

Approved ☐ Disapproved ☐ EHS's Signature: _____ Date: _____

Sample Set-up for Temporary Food License
(not drawn to scale)

